

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>45</i>	<i>6/22</i>
FORMALITY REVIEW	SA	68966	7-9-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	4	8/12
2	✓	10	8/10
3	✓	2	8/14
4	✓	1	8/22
5	✓		
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7	✓		
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46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	12	
52	✓	10	
53	✓	2	
54	✓	1	
55	✓		
56	✓		
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100	✓		

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)